Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>HILZINGER KURT J</u>				2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]							(Check all a		ship of Reporting I applicable) irector		rson(s) to Is				
		IERAPEUTICS,				3. Date of Earliest Transaction (Month/Day/Year) 02/22/2022									Office below	cer (give title ow)		Other (s below)	specify
(Street) ISELIN	NJ		8830	ITE 320	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	rividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				on	
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		Table	I - NO	n-Deriva	tive	secu	rities	ACQ	uirea,	, DIS	posea or	, or E	sener	iciaii	y Own	ea			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)					Securit Benefic	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										v	Amount	(A) (D)	or Pr	ice	Transa	saction(s) r. 3 and 4)			(5 4)
Common Stock 02/22/2					2022			P		95,597	A	\$	1.49(1)	118,714 ⁽²⁾			D		
Common Stock 02/23/2				2022				P		79,535	A	\$	L.44 ⁽³⁾	198,249			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.46 \$1.50, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote to this Form 4.
- 2. Reflects a one-for-eight reverse stock split effected by the Issuer on March 15, 2019.
- 3. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.41 \$1.50, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote to this Form 4.

Remarks:

/s/ Lawrence A. Kenyon, 02/23/2022 Attorney-in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.